

THIRTY-NINTH
ANNUAL REPORT
OF THE
Bourne Rural Sanitary District,
FOR THE YEAR 1911.

TO THE BOURNE RURAL DISTRICT COUNCIL.

GENTLEMEN,

The preparation of my Annual Report for the year 1911 has impressed upon me the increasing difficulty of a Rural District Council keeping pace with the requirements of the various orders and regulations of the Local Government Board, at least with the limited staff of officials allotted for the purpose. To do justice to all the branches of the work would require the services of two or three Sanitary Inspectors, besides the expenditure of a considerable sum of money for chemical and bacteriological reports on samples of water, meat, milk, and other articles of food.

In the meantime it is my duty to indicate what has been done during the past year by your Sanitary Inspector and your Medical Officer of Health, and I think we may claim that we have not been idle.

A. Natural and Social Conditions of the District.

The physical features of the District are well known to you all—the flat, comparatively treeless, fertile Eastern fen portion—and the well-wooded, undulating, but less fertile Western portion.

The greater part of the Population are dependent for their livelihood on agriculture, although at Little Bytham considerable number of inhabitants are employed on the railway or at the local Brickworks. The occupations of the people are therefore pre-eminently healthy.

There is no hospital in the Bourne Rural District, but those in need of gratuitous medical relief have recourse either to the Infirmaries at Stamford or Peterborough, or to the Bourne Union Workhouse.

B. Sanitary Circumstances of the District.

WATER SUPPLY.

I am pleased to record a considerable improvement in the water supply of this District during the past year. Artesian bores, yielding abundant supplies, have been successfully made at Folkingham, Langtoft, and Rippingale, villages in which hitherto the only supply has been from surface wells. Deeping St. James is the village most in need of a better water supply, as many of the houses have either no water or are dependent on that obtained from polluted shallow wells. This matter has been urged on your attention on several occasions, but as yet no definite action has been taken beyond the drawing up of a water scheme by your Surveyor. It is to be hoped that 1912 will see this much-needed reform carried out.

The water supply of Castle Bytham is also very inadequate, but a scheme for providing an abundant supply is in course of preparation.

The great drought of the past summer must have convinced every householder of the great value of a good and plentiful supply of water such as can fortunately be obtained in this District at a trifling cost. In a few years I hope the Bourne Rural District will be second to none as regards this matter.

RIVERS AND STREAMS.

As mentioned in my Report for 1910 the River Glen at Corby, and the River Welland at Market Deeping and Deeping St. James continue to be polluted by the sewage of the respective villages. The pollution of the River Glen at Corby has been the subject of much discussion by your Council, but hitherto no acceptable solution of the difficulty has been reached. Compulsory purchase of land adjoining the river, and treatment of the sewage before its entrance into the River appear to be the only way of overcoming the nuisance, but this means considerable expense—more, indeed, than your Council feel disposed to impose on the rate-payers of Corby.

DRAINAGE AND SEWAGE.

Some progress has been made in these important matters. The sewer at Folkingham has been extended by laying a 6-inch sanitary pipe from the old outfall to a point about 520 yards further down the Billingboro' road, and away from all houses. This is a great improvement. At Langtoft it is proposed to cover in the open sewer ditch which has been a constant source of complaint, and lay a sanitary pipe to convey the sewage. This work has not yet been carried out, but there is every reason to believe that a section of it will be done in the course of the present year.

The proper drainage of the various villages will, I fear, take some years to effect, as past neglect in this matter renders it now a costly business, and rate-payers are unwilling to face this expenditure unless the nuisance happens to be at their own doors.

CLOSET ACCOMMODATION.

The crusade against the old midden privies, with their deep leaking vaults, continues in this District. To show you what has been done, let me point you to your Inspector's Report, where you will find that 57 dilapidated and insanitary privies have been abolished, 75 privies have been repaired and ventilated, whilst there have been constructed 7 water closets, 32 earth closets, and 50 pan closets—no mean record for a year's work in this particular department.

SCAVENGING.

I am sorry to say very little progress has been made in effectively dealing with this important matter, nor is it reasonable to expect much improvement until a house-to-house collection and removal are adopted by the Council. Our bye-laws provide for the removal of privy contents and house refuse at stated intervals by the householders, but it would require the whole time of an Inspector to see that this duty, imposed on householders, was regularly carried out. In the larger villages it is often difficult to dispose of this refuse from the lack of garden space.

SANITARY INSPECTIONS OF DISTRICT.

A full statement of the Inspections made during 1911 will be found in the Sanitary Inspector's Report; but I may point out that a special inspection of the most insanitary property in the various villages in your District was made by your Medical Officer of Health, and your Inspector, with the result that 95 cottages were put on the black list. Many of these were too dilapidated and insanitary to be put right, and others would require the expenditure of so much money that in our opinion the owners would prefer to close the houses.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR RÉGULATIONS.

There is one lodging house in Deeping St. James, which is regularly inspected and always found in good condition.

SCHOOLS.

The schools at Little Bytham, Castle Bytham, Swinstead, and Morton have been closed for several weeks owing to epi-

demics of scarlet fever. The school at Careby was closed for measles, that at Swayfield for influenza, whilst the school at Witham-on-the-Hill was closed owing to the occurrence of diphtheria in the master's family.

The closing of the schools takes place sometimes on the recommendation of the School Medical Officer, and sometimes on that of your Medical Officer of Health, but in all cases the latter is informed by the School Medical Officer of his action, so that an investigation may be made if necessary. When a school is closed owing to the occurrence of infectious disease amongst the scholars, your Inspector always disinfects the school buildings as soon as possible.

The sanitary condition of the schools and the water supply are, on the whole, satisfactory, with the exception of those at Deeping St. James, Swayfield, and Corby, where there is no water supply on the premises.

Whenever a child attending school is notified as suffering from an infectious disease, your Medical Officer visits the school in order to find out the number of absentees, and, if necessary, he visits any children supposed to be suffering from this disease so as to ensure that proper precautions are taken to prevent the spread of the disease.

Regular inspection of the school children by the School Medical Officer takes place at stated intervals, and the defects discovered are pointed out to the parents with a view to their being remedied if possible. No provision is made as yet for the treatment of school children at the public expense, but this will doubtless come in time.

FOOD.

(A) MILK SUPPLY.—In previous Reports I have called your attention to the unsatisfactory condition of the Dairies and Cowsheds in your District. I much regret that this important matter has not received the attention it deserves. Farmers still continue to act on the principle that any building is good enough for a cowshed, and that the proper place for a manure heap is in the immediate vicinity.

I suppose we shall have to wait until the Local Government Board issues stringent regulations to all cow-keepers before our Council will move in the matter. If the Crusade against Human Tuberculosis is to be brought to a successful issue, a similar crusade against Bovine Tuberculosis must be carried out at the same time, as it has been proved beyond reasonable doubt that many cases of Tuberculosis in human beings owe their origin to Tuberculous meat and milk. The latter will continue to be sold until cow-keepers realize that it does not pay to keep Tuberculous cows. Just as the slums in

our towns and villages have to be rooted out, so will it become necessary to make our cowsheds clean, roomy, well-ventilated and well-drained buildings, in which Tubercle Bacilli will not find a congenial soil. In this connection let me quote the concluding remarks of the Royal Commission on Tuberculosis. "In the interests, therefore, of infants and children, the members of the population whom we have proved to be specially endangered, and for the reasonable safeguarding of the Public Health generally, we would urge that existing regulations and supervision of milk production and meat preparation be not relaxed; that on the contrary Government should cause to be enforced throughout the United Kingdom food regulations planned to afford better security against the infection of human beings through the medium of articles of diet derived from tuberculous animals. More particularly we would urge action in this sense in order to avert or minimise the present danger arising from the consumption of infected milk."

OTHER FOODS.—In very few cases have we found unsound food exposed for sale. In one instance your Inspector was called in by the keeper of a slaughter-house to inspect a bullock which was found to have generalised Tuberculosis. The carcase was surrendered to the Inspector, who had it sent forthwith to the Manure Works. In other cases portions of the internal organs have been found diseased, and these have been destroyed. The BAKEHOUSES have been repeatedly inspected, and their condition on the whole has been found satisfactory. The SLAUGHTERHOUSES are frequently inspected, and their condition continues to improve.

SALE OF FOOD AND DRUGS ACT.

No proceedings have been taken under this Act during the past year.

HOUSING.

The provision of suitable dwellings for the working-class population has engaged a large part of your attention. Your Council has been one of the first in England to take advantage of the Housing, Town Planning, etc., Act, 1909. As pioneers we have found the road to our goal not altogether a smooth one, but with a little patience I doubt not we shall arrive at a happy solution of the difficulties that beset us. On the one hand we are anxious to build dwellings for the working-class whose exterior shall be pleasing to the eye and whose interior shall be comfortable and convenient to the inmates, and, above all, calculated to promote their health—while on the other hand we have to keep our expenditure down to the financial resources of the would-be tenants.

The general opinion of the Council is that 2s. 6d. a week is the maximum rent an agricultural labourer can afford to pay. If this be so, then the provision of a suitable cottage with the necessary out-buildings will be a very difficult matter unless a charge is made on the various parishes. So far 8 houses are in course of erection at Ripplingale, 8 at Dowsby, and 6 at Baston. Much controversy has raged over the dimensions and fittings of the living room and scullery. The plans, which were approved by your Council and sanctioned by the Local Government Board, provided a living room measuring 14 feet 3 inches by 13 feet 3 inches, a commodious pantry, and a small scullery 8 feet by 8 feet 6 inches, with a copper and coal-house—the door of the latter opening outside. There is no fireplace in this scullery. As I had some share in shaping the original plans, I should like to state that my object in recommending a large living room with a cooking range, and a small scullery with no fireplace, was to offer every inducement to the inmates to LIVE in the large room and to prevent them, so to speak, from using the scullery as a living room.

It may be said, "What harm can a fireplace in the scullery do?" My answer is simply this, that 25 years' experience of daily visiting the houses of the working classes convinces me that if a fireplace be placed in the scullery, the family will be found living there in the winter time, because it is so "cosy." This "cosiness," however, is just another name for foul air, and in the interests of the health of the inmates I plead for the absence of a fireplace in the scullery. If more money were available I should like to see every cottage with a wash-house outside, and a properly constructed pig-stye at the foot of the garden.

Several cases of overcrowding have been reported, and when more cottages have been built it will be easier to remedy this condition; but at present it is often impossible for a large family to get into a suitable house.

As an example of the insufficiency of open space about houses I may mention the case of two adjoining yards at Folkingham, where, on a space of $\frac{1}{2}$ acre, there are 25 dwelling houses, 1 bakehouse, 2 stables, 4 pig-styes, 1 Chapel, and other outbuildings! Our Council proceeded under the Housing of the Working Classes Act against the owner of 5 cottages situated in the centre of this crowded area, as obstructive buildings, and these are about to be demolished.

Building bye-laws were adopted by your Council in 1910, and plans of all new houses have to be submitted to, and approved by, your Buildings and Bye-laws Committee. Your Surveyor sees that the houses are erected in accordance with these approved plans.

C. Sanitary Administration of the District.

1.—The work of your Inspector is well-known to all members of the Council, and on all hands it is admitted to be carried out in a thorough and yet tactful manner. The greater part of the works executed by owners of property have been done without the matter in question ever coming before your Council, which shows that his requests have been considered reasonable.

2.—HOSPITAL ADMINISTRATION IN RELATION TO THE ACUTE INFECTIOUS DISEASES AND TO TUBERCULOSIS.—For the past 3 years we have been sending our infectious cases to Stamford Hospital, but we have now decided to build and equip an Isolation Hospital for our own District. We anticipate that the Bourne Urban District Council will send their infectious cases to our Hospital, as the advisability of doing so is bound to appeal to them. A site of 4 acres for this Isolation Hospital has been practically selected in Witham-on-the-Hill Parish, where this adjoins Bourne Parish. We intend this Hospital to be of a permanent nature, and to be always in a state of readiness to receive patients.

With regard to Hospital accommodation for cases of Pulmonary Tuberculosis we have not yet seriously discussed the matter, but, in my opinion, each District ought to provide a small hospital for advanced cases of Pulmonary Tuberculosis as these are the cases which do so much to spread the disease when they are nursed in the homes of the poor.

The early cases of Pulmonary Tuberculosis should be sent to a Sanatorium, which might supply a large district, as there are many reasons why a Sanatorium should be large and well equipped; but as regards the advanced cases, Hospital accommodation, if it is to be fully taken advantage of, must be within reasonable distance of the patient's homes, so that their friends may come occasionally to see them. A month's residence in a thoroughly equipped Sanatorium would do a lot to instruct a patient in the mode of living that is necessary for his cure, but the bad cases require to be taken care of, and preferably in a small Hospital, which might be built at a trifling cost on the same site as the Isolation Hospital, and the one administrative block would do for both purposes.

3.—ADMINISTRATION OF LOCAL ACTS OR GENERAL ADOPTIVE ACTS.—As regards the Midwives' Act there is nothing to mention beyond the fact that there are no registered midwives in this District, consequently there have never been any duties for the Midwives' Committee of the Rural District Council to perform.

4.—CHEMICAL AND BACTERIOLOGICAL WORK.—Four samples of drinking water were analysed by your Medical Officer,

and three of these were found more or less polluted. Samples of water were taken from 2 wells in Little Bytham and Edenham (Grimsthorpe) Parishes, and a bacteriological examination showed contamination with *Bacillus Coli Communis*.

VITAL STATISTICS OF THE DISTRICT.

The usual Tables of Vital Statistics are appended.

TABLE I gives the Vital Statistics for the whole Bourne Rural District for 1911 and the five previous years.

The Census was taken in the beginning of April, 1911, and the total population of the Bourne Rural District was found to be 13,391, an increase of 179 over the population at the previous Census in 1901. This is the more remarkable as the 1901 Census showed a large decrease in the population, as compared with 1891. My estimates of the population for the intervening years had been based on the assumption that the population was a diminishing one, consequently my birth-rates and death-rates were too high. Thus the birth-rate for 1910 was given as 28.3, whereas it ought to have been only 25.6, and the death-rate was given as 15.8, whereas it ought to have been 14.3. This increase of population is very satisfactory, as, with a death-rate practically stationary, and a diminishing birth-rate, it shows that fewer people have migrated to the towns or emigrated to the Colonies than in the previous decennium. This fact ought to encourage your Council to proceed with the building of houses for the Agricultural labourer.

The number of births in 1911 was 314, being 29 fewer than in 1910, but practically the same as in 1909. This gives a birth-rate of 23.5. In rural England the corresponding rate is 23.4. The number of deaths in 1911, belonging to this District, amounts to 210, being eighteen more than in 1910. This is equivalent to a death-rate of 15.6—the corresponding rate for rural England is 13.9.

The number of deaths of children, under 1 year, is 33, being 5 more than occurred in 1910, but 15 fewer than in 1909. The infantile death-rate is therefore 104.4—a little more than the average for the preceding five years.

TABLE II gives the cases of infectious disease notified during 1911.

The total number of cases notified was 82; this is more than were notified in 1909 and 1910 combined. They were made up as follows: Scarlet fever, 54; Diphtheria, 4; Enteric fever, 3; Puerperal fever, 1; Erysipelas, 10; Pulmonary Tuberculosis, 10. Two cases of scarlet fever and 1 case of Diphtheria proved fatal, whereas there were 11 deaths from Pulmonary Tuberculosis—a number actually in excess of the notifications received. This fact shows the inadequacy of voluntary notification, as I pointed out in my last year's Report.

However, the Local Government Board have now made Pulmonary Tuberculosis a compulsorily notifiable disease. This is the first step in the campaign against Tuberculosis ; the next step should be the provision in every sanitary District of a small Hospital with sufficient accommodation for all the advanced cases of Pulmonary Tuberculosis that are likely to occur in the District. This, to my mind, is more important than the provision of a Sanatorium for the early cases, of which we hear so much. Public Health Administration has for its primary object the prevention of disease, and the provision of Hospitals for advanced cases of Pulmonary Tuberculosis would do infinitely more for the prevention of this disease than Sanatoria, which are really designed for the cure of the disease. I do not mean to belittle the good done by the Sanatoria, but public money should be spent more on the prevention than the curing of disease. Owing to the chronic nature of the disease, and the length of residence in a Sanatorium usually required to effect a cure, even in a favourable case, it follows that too many cases leave a Sanatorium only to relapse, after a longer or shorter period, when they return to their overcrowded insanitary homes and workshops. When this occurs the poor patient is usually allowed to remain at home and spread the disease to the other members of the family, because there is no institution that will take in these cases except the Workhouse, and there only if they are destitute.

I trust our Council, which has shown itself ready to acknowledge its responsibilities in other matters, may see the wisdom of providing such a hospital, in connection, it may be, with our Isolation Hospital, at no distant date.

Of the Scarlet fever cases, 16 occurred at Swinstead, 9 at Castle Bytham, 5 at Little Bytham, 4 at Corby, 4 at Morton, 4 at Baston, 4 at Langtoft, 2 at Couthorpe, 2 at Rippingale, 1 at Thurlby, 1 at Creeton, and 1 at Deeping St. James. The bulk of these cases, it will be observed, occurred in the villages round Little Bytham and Creeton, where there was an extensive epidemic of Scarlet fever at the end of 1910. No doubt the infection was conveyed by people in one village visiting their friends in the neighbouring village, and as soon as a scholar got infected, the infection got quickly disseminated amongst the other children at school. Thirty-nine cases were removed to Hospital, out of a possible 61, who were eligible for removal. This shows that we experience little or no difficulty in getting the people to consent to removal to Hospital, as in no case was it necessary to resort to a Magistrate's order. The 4 Diphtheria cases occurred in widely separated villages—1 at Castle Bytham, 1 at Witham-on-the-Hill, 1 at Deeping St. James, and 1 at Folkingham. Of the 3 cases of Enteric fever, 1 occurred at Corby, and 2 at Deeping St. James.

The Corby case was probably contracted by working on a very insanitary job, whereas the 2 cases at Deeping St. James contracted the disease outside this District.

TABLE III gives the causes and ages at Death during the year 1911.

The total number of deaths is 210—18 more than occurred in 1910.

The largest definite group is that of Cancer, which was returned as the cause of death in 25 cases. This is nearly twice as many as occurred in 1910. The cases were distributed thus : 9 in the Aslackby district, 9 in Bourne district (rural portion), 3 in Corby district, and 4 in the Deeping district. The greatest increase is in the Aslackby and Bourne districts. If we take the numbers for the last 5 years, we get 33 deaths from Cancer in the Aslackby district, 27 deaths in the Deeping district, 19 in the Bourne district, and 12 in the Corby district.

The number of deaths from Tubercular diseases is 12, one less than in 1910. They are distributed this time fairly equally, viz., 4 in Aslackby district, 3 in Deeping district, 2 in Bourne district, and 2 in Corby district.

Diseases of the Respiratory organs, other than Tuberculosis, account for 24 deaths, whereas in 1910 the corresponding figure was 37. Pneumonia caused 6 deaths, whereas in 1910 it caused 15 deaths.

Organic Heart diseases caused 20 deaths, compared with 23 deaths in 1910. Scarlet fever was responsible for 2 deaths, whereas Measles, Whooping Cough, and Diphtheria were responsible for 1 death each. Diarrhœa and Enteritis caused 19 deaths, whereas in 1910 only 4 deaths were thus caused. The Zymotic death-rate is therefore a high one this year, viz., 1.79, whereas in 1910 the corresponding rate was only .33.

TABLE IV gives the Infantile Mortality in 1911. Thirty-three deaths occurred in children under 1 year, compared with 28 deaths in 1910, giving an Infantile death-rate of 104.4. Premature birth accounts for 11 deaths, and the same number of deaths was due to Diarrhœa and Enteritis. The excessive heat in the summer of 1911 was doubtless the cause of so many deaths from Diarrhœa. Thirteen deaths occurred in the first month of life.

An examination of these Tables, therefore, gives us no cause for congratulation, as in every respect we are a little worse than in 1910.

I remain, Gentlemen,

Your obedient Servant,

JOHN GALLETLY,

Medical Officer of Health.

BOURNE, 13TH MARCH, 1912.

TABLE I.
BOURNE RURAL DISTRICT.

Vital Statistics of Whole District during 1911 and previous years.

YEAR.	Popula- tion estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.*		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un- corrected Number.	NETT.		Number.	Rate.	of Non- residents registered in the District. 8	of Resi- dents not registered in the District. 9	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births. 11	Number.	Rate.
1	2	3	4	5	6	7			10	11	12	13
1906	13·359	342		25·5	203	15·1			28	81·8		
1907	12·464	300		24·0	183	14·6		19	25	83·3	202	16·2
1908	12·348	310		25·1	186	15·0		17	23	74·2	203	16·4
1909	12·232	315		25·7	181	14·7		13	48	152·3	194	15·8
1910	12·118	343		28·3	169	13·9		23	28	81·6	192	15·8
1911	13·391	314	316	23·5	191	14·2		19	33	104·4	210	15·6

* "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided.

Area of District in acres
(exclusive of area
covered by water).

78,573

Total population at all ages ...
Number of inhabited houses ...
Average Number of persons per house

13,391
3,148
4·25

} At Census
of 1911.

NOTES TO TABLE I.

This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 some of the corrected rates probably will not be available. The rates should be calculated per 1000 of the estimated gross population. In a district in which large Public Institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such Institutions.

In Column 6 are to be included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is to be entered the number in Column 6, corrected by subtraction of the number in Column 8, and by addition of the number in Column 9. Deaths in Column 10 are to be similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

"Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, *e.g.*, casuals, must not be included in Columns 8 or 9, except in certain instances under 3 (*b*) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of "non-residents" which are to be deducted, and will state in Column 9 the number of deaths of "residents" registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable deaths :—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, work-houses, and nursing homes (but not almshouses) must be regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement should be referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence are to be referred (*a*) to the district of residence, under the general rule ; (*b*) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known ; (*c*) failing this, to the district where death occurred, if known ; and (*d*) failing this, to the district where the body was found.

TABLE II.
BOURNE RURAL DISTRICT.
Cases of Infectious Disease notified during the year 1911.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.									TOTAL CASES NOTIFIED IN EACH LOCALITY.				Total cases re- moved to Hos- pital.
	At all Ages.	At Ages—Years.								Aslackby.	Bourne	Corby.	Deeping.	
		Under I	I to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards						
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	4	I	...	I	2	...	...	...	I	I	I	I	2	
Erysipelas	10	...	...	...	2	5	3	...	2	6	I	I	...	
Scarlet Fever	54	...	9	33	10	2	...	...	2	5	38	9	37	
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	3	...	...	...	I	...	I	I	...	...	I	2	...	
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	I	...	...	...	...	I	...	...	...	...	I	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis { Under Tuber- culosis Regu- lations, 1908	I	...	...	...	I	...	...	...	...	...	I	...	...
	
	Others	9	...	I	...	2	2	4	4	3	2	...
Totals	82	I	10	34	18	10	8	I	5	16	46	15	39	

ISOLATION HOSPITAL—STAMFORD HOSPITAL.

Number of Diseases that can be concurrently treated, 3.

TABLE III.
BOURNE RURAL DISTRICT.
Causes of, and Ages at Death during the Year 1911.

CAUSES OF DEATH.			NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.								TOTAL DEATHS WHETHER OF "RESIDENTS" OR "NON- RESIDENTS" IN INSTITUTIONS IN THE DISTRICT.	
			All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.		65 and upwards.
I			2	3	4	5	6	7	8	9	10	11
All Causes	Certified (c)	...	207	32	7	4	9	7	15	42	91	
	Uncertified	...	3	1						2		
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	1	...	...	1	...	...	...	...	...
Scarlet Fever	...	...	2	...	...	...	1	...	1	...	...
Whooping Cough	...	...	1	1	...	...	...	...	...	...	...
Diphtheria and Croup (<i>See d</i>)	...	...	1	1	...	...	...	...	...	...	...
Influenza	...	...	4	...	...	...	1	...	...	2	1	
Erysipelas	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Fever	...	...	...	...	...	...	...	...	...	...	...
Remittent Fever (Malaria)	...	...	1	...	...	...	...	1	...	...	...
Phthisis (Pulmonary Tuberculosis)	...	...	11	...	...	...	2	3	3	2	1	
Tuberculous Meningitis (<i>See e</i>)	...	...	1	...	...	...	1	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...
Rheumatic Fever	...	...	2	...	1	...	1	...	...	...	...
Cancer, Malignant Disease (<i>See f</i>)	...	...	25	...	...	...	...	1	1	12	11	
Bronchitis	...	...	17	1	2	...	...	...	...	1	13	
Broncho-Pneumonia	...	...	1	...	1	...	...	...	...	...	...
Pneumonia (all other forms)	...	...	5	1	...	1	...	...	1	...	2	
Other Diseases of Respiratory Organs	...	...	1	...	...	...	...	...	...	...	1	
Diarrhoea and Enteritis (<i>See g</i>)	...	...	19	11	...	1	1	...	...	2	4	
Appendicitis and Typhlitis	...	...	1	...	...	...	1	...	...	...	...
Alcoholism (<i>See h</i>)	...	...	1	...	...	...	...	...	...	1	...	
Cirrhosis of Liver	...	...	2	...	...	...	...	...	...	2	...	
Nephritis and Bright's Disease	...	...	7	...	...	...	...	...	3	2	2	
Puerperal Fever (<i>See i</i>)	...	...	...	...	...	...	...	...	...	...	...
Other accidents and diseases of Pregnancy and Parturition	...	...	1	...	...	...	...	...	1	...	...
Congenital Debility and Malform- ation, including Premature Birth (<i>See j</i>)	...	...	15	15	...	...	...	...	...	...	...
Violent Deaths, excluding Suicide	...	...	6	...	3	...	...	1	...	2	...	
Suicides	...	...	2	...	...	...	...	...	1	1	...	
Organic Heart Diseases	...	...	20	...	...	...	...	...	2	4	14	
Other Defined Diseases	...	...	34	2	...	1	1	1	1	10	18	
Diseases ill-defined or unknown	...	...	29	1	...	...	...	...	1	3	24	
			210	33	7	4	9	7	15	44	91	

NOTES TO TABLE III.

- (a) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the District who have died outside it, are to be *included* with the other deaths in Columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the district, are in like manner to be *excluded* from these columns. For the precise meaning of the term "transferable deaths" see footnote to Table I.

The total deaths in Column 2 of Table III should equal the figures for the year in Column 12 of Table I.

- (b) All deaths occurring in Institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are to be entered in the last Column of Table III.
- (c) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."
- (d) This heading includes all deaths from croup except those certified as due to "spasmodic," "stridulous," "catarrhal," or "false" croup.
- (e) Under "Tuberculous Meningitis" are to be included deaths from Acute Hydrocephalus.
- (f) Under "Cancer" should be included deaths under such headings as Carcinoma, Scirrhus, Epithelioma, Rodent ulcer, Sarcoma, Cancer, and Malignant Disease.
- (g) Under this heading are to be included deaths registered as due to Epidemic diarrhoea, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhoea, Choleraic diarrhoea, Cholera (other than Asiatic), Gastro-Enteritis, Gastro-Intestinal Catarrh, Muco-Enteritis, Colitis, etc. Deaths from Diarrhoea secondary to some other well-defined disease should be included under the latter.
- (h) Under this heading are to be included deaths from Delirium Tremens, acute and chronic alcoholism, etc., but *not* those certified as due to organic disease attributed to alcoholism. The number of the latter may with advantage be stated separately, though this statement cannot be included in Table III.
- (i) Under "Puerperal Fever" are to be included deaths under such headings as Pyæmia, Septicæmia, Sapræmia, Pelvic Peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.
- (j) Under this heading are to be included also deaths from Atrophy and Marasmus of Infants, and want of Breast-Milk, but not from Atelectasis.

In any case of doubtful classification of deaths, the Manual to be issued shortly by the Registrar-General should be followed.

TABLE IV.
BOURNE RURAL DISTRICT.
INFANT MORTALITY—Nett Deaths from stated causes at various Ages
under 1 Year of Age.

CAUSE OF DEATH.				Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
All Causes.	Certified	...	...	6	4	1	2	13	3	9	4	3	32
	Uncertified	...	...	...	...	...	...	...	...	1	...	...	1
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...

Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...

Measles	...	...	...	...	...	...	...	...	...	...	...	...	...

Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...

Diphtheria and Croup	...	...	...	...	...	...	...	...	...	1	...	...	1
	...	...	...	...	...	...	...	...	...	1	...	...	1
Whooping Cough	...	...	...	...	...	...	...	...	...	1	...	...	1
	...	...	...	...	...	...	...	...	...	1	...	...	1
Diarrhoea	...	...	...	...	...	...	...	...	...	4	1	1	6
	...	...	...	...	...	...	...	...	...	4	1	1	6
Enteritis	...	...	...	...	...	1	...	1	1	...	3	...	5
	...	...	...	...	...	...	...	...	...	...	3	...	5
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...

Abdominal Tuberculosis (b)	...	...	...	...	...	...	...	...	...	...	...	...	...

Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...

Congenital Malformations (c)	...	...	...	...	...	...	...	...	...	...	...	...	...

Premature Birth	...	...	...	...	...	...	...	...	...	...	...	...	...

Atrophy, Debility and Marasmus...	...	...	...	...	...	...	...	...	...	...	...	...	...

Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...	...

Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...

Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...

Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...

Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...

Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	1	1
	...	...	...	...	...	...	...	...	...	...	...	1	1
Convulsions	...	...	...	...	...	...	...	...	...	1	...	...	1
	...	...	...	...	...	...	...	...	...	1	...	...	1
Gastritis	...	...	...	...	...	...	...	...	1	...	...	...	1
	...	...	...	...	...	...	...	...	1	...	...	...	1
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...

Bronchitis	...	...	...	...	...	...	...	...	1	...	...	...	1
	...	...	...	...	...	...	...	...	1	...	...	...	1
Pneumonia (all forms)	...	...	...	...	...	...	...	...	...	...	...	1	1
	...	...	...	...	...	...	...	...	...	...	...	1	1
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...

Other causes	...	...	...	...	...	...	...	...	...	...	...	...	...

TOTALS				6	4	1	2	13	3	10	4	3	33

Nett Births in the year { legitimate 302
illegitimate 14

Nett Deaths in the year of { legitimate infants 31
illegitimate infants 2

NOTES TO TABLE IV.

- (a) The total in the last Column of Table IV should equal the total in Column 10 of Table I, and in Column 3 of Table III.
- (b) Under Abdominal Tuberculosis are to be included deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.
- (c) The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, should equal the total in Table III under the heading Congenital Debility and Malformation, including Premature Birth.
Want of Breast Milk should be included under Atrophy and Debility.
- (d) For references to the meaning of any other headings, *see* notes attached to Table III.

In recording the facts under the various headings of Tables I, II, III, and IV, attention has been given to the notes on the Tables.

JOHN GALLETLY,

Medical Officer of Health,

March 13th, 1912.

Annual Report of the Medical Officer of Health for the year 1911, for the Rural District of Bourne,
(Lincs.), on the administration of the Factory and Workshop Act, 1901, in connection with
FACTORIES, WORKSHOPS, WORKPLACES, AND HOMEWORK.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.					Number of	
					Inspections.	Written Notices.
Workshops	...	...	...	...	308	} 11
Workplaces	...	...	...	...	48	
Total	...	...	...	...	356	11

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars.					Number of Defects.		
					Found.	Remedied.	
<i>Nuisances under the Public Health Acts—</i>							
Want of cleanliness	...	...	...	...	4	4
Want of ventilation	...	...	...	...	1	1
Overcrowding	...	...	...	...
Want of drainage of floors	...	...	...	...
Other Nuisances	...	...	...	...	4	4
Sanitary accommodation	{	insufficient	...	...	5	5
		unsuitable or defective	...	...	
		not separate for sexes	...	...	
Totals					...	14	14

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.					Number.
Bakehouses	...	...	...	...	45
Blacksmiths and Wheelwrights	...	...	...	...	26
Carpenters and Joiners	...	...	...	...	27
Saddlers	...	...	...	...	11
Shoemakers	...	...	...	...	15
Tailors	...	...	...	...	11
Miscellaneous	...	...	...	...	29
Total number of workshops on Register	...	...	...	...	164

JOHN GALLETTY,
Medical Officer of Health.

March 13th.

BOURNE RURAL DISTRICT.

PHTHISIS—Sanatorium and Hospital Accommodation.

Classes for which accommodation is provided.	By whom provided	Where situated	Total Number of Beds.	How are patients selected ?	Are patients under the care of a resident Medical Officer ?	What charge, if any, is made for the use of Beds ?	Do the Sanitary Authority use— (1) their Isolation Hospital, or (2) their Small-pox Hospital, for cases of Phthisis ?	Do the Sanitary Authority reserve Beds in any Phthisis Sanatorium : If so, how many and in what Sanatorium ?	Do the Sanitary Authority provide portable, open-air Shelters or Tents.
Early Cases	NO	NO	1 revolving Shelter is provided.
Intermediate Cases	NO	NO	
Advanced Cases	NO	NO	

Have the Council, or any Private Body, provided a Dispensary ? No.

Bourne Rural District Council.

REPORT OF THE SANITARY INSPECTOR, FOR THE YEAR 1911.

MR. CHAIRMAN AND GENTLEMEN,

I have much pleasure in presenting to you my fourth Annual Report as Sanitary Inspector for your District.

In the Report are recorded the number of inspections made, and the results of action taken under the various Acts in force in the District, concerning Public Health.

During the year complaints have been received respecting the state of the sewers at Corby, Billingborough, Folkingham, and Langtoft. These were considered by the Sanitary Committee, with the result that the sewer outfall at Folkingham has been greatly improved, negotiations are in progress for land for the provision of a satisfactory sewage scheme at Corby, and the open sewer-ditch at Langtoft is to be filled in and a sanitary drain provided.

The disposal of house refuse in a few of the larger villages continues to be a great source of complaint and nuisance—the Council's Bye-laws notwithstanding. In most instances it is quite impossible to remove the refuse when necessary, for various reasons, but chiefly the want of means for removal.

INSPECTIONS.

No. of Houses inspected	...	...	...	428
„ Works in progress inspected	...	...	...	368
„ Cowsheds and Dairies inspected	...	...	...	229
„ Slaughterhouses inspected	...	...	...	237
„ Workshops inspected	...	...	...	281
„ Schools inspected	...	...	...	24
„ Petrol and Carbide Stores inspected	...	...	...	35
„ Common Lodging Houses inspected	...	...	...	25
„ Premises inspected on complaint	...	...	...	59
„ Inspections and visits on occurrence of Infectious Disease	...	...	...	159
„ Appointments with owners, agents, etc.	...	...	...	232
„ Re-inspections, and visits to premises not included above	...	...	...	798
Total				2875

Results of the above inspections and the clerical work incidental thereto :—

No. of Insanitary conditions, contraventions of Bye-laws, Regulations, etc., discovered	...	...	...	1311
„ Insanitary conditions, contraventions of Bye-laws, Regulations, etc., abated or remedied	...	...	...	1127
„ Letters and Reports to owners, etc.	...	...	...	564
„ Statutory notices served	...	...	...	28
„ Statutory notices complied with	...	...	...	26
„ Summons ordered for non-compliance*	...	...	...	2
„ Certificates for new houses issued	...	...	...	7

*One defendant was fined 10s. and costs, and the other summons was withdrawn upon defendant carrying out the works forthwith and paying the costs.

DESCRIPTION OF WORKS EXECUTED.

No. of Houses demolished	...	...	...	12
„ Houses repaired, roofs, floors, etc.	...	...	...	135
„ Houses provided with eaves, gutters, and spouting	...	...	...	72
„ Rooms provided with means of light and ventilation	...	...	...	74
„ Yards paved with impervious materials	...	...	...	92
„ Houses provided with drains	...	...	...	77
„ Insanitary drains remedied	...	...	...	88

DESCRIPTION OF WORKS EXECUTED—*continued*.

No. of	Cesspools constructed	...	...	17
„	Dilapidated and insanitary privies			
	abolished	...	...	57
„	Privies repaired, ventilated, etc.	...	...	75
„	Water-closets constructed	...	...	7
„	Earth closets constructed	...	...	32
„	Pan (or pail) closets constructed	...	...	50
„	Covered ashpits constructed	...	...	13
„	Houses cleansed and limewashed	...	...	83
„	Offensive accumulations removed	...	...	171
„	Urinals (at Inns) constructed	...	...	6
„	Overcrowding cases abated	...	...	8

WATER SUPPLY.

No. of	Houses supplied from Artesian wells			29
„	Ordinary wells sunk	...	...	2
„	Wells cleansed and repaired	...	...	16
„	Wells closed	...	...	12
Total				1128

HOUSING AND TOWN PLANNING ACT.

At the request of the Council for a report upon the number of cottages in the District, which, in consequence of their insanitary state, should be closed, the same was prepared in conjunction with the Medical Officer of Health, and presented in two parts, in February and March.

This Report dealt with 95 cottages, and included several that, although not actually unfit for habitation, would very probably be closed by the owner because of the expense necessary to make them reasonably habitable, in accordance with the wishes of the Council under the Act.

During the year the Council have made closing orders affecting 13 cottages, and 7 of these have been demolished.

Notices under Section 15 were served affecting 24 cottages, and the works required in 18 cases have been carried out, and the remainder are in hand.

There has not been an appeal against the Council's demands under this Act.

The greater part of the improvements have been effected without recourse to the Council's powers, and the number of cottages dealt with in this manner are 145, and 5 have been demolished.

DAIRIES, COWSHEDS AND MILKSHOPS ORDERS.

Two hundred and twenty-nine inspections of registered premises were made. But little progress has taken place in regard to the improvement of the conditions in which the large majority of cows are kept.

Statistics are being prepared of the number of persons keeping cows for dairy purposes of any kind where the product is for sale. The number of persons now on the register is 36 as against 31 in 1910.

Contraventions of Orders remedied, as follows :—

Unregistered traders registered	...	...	5
Cowsheds, etc., cleansed and limewashed	...	14	
„ „ disused as unfit	...	1	
„ „ provided with means of light	...	5	
„ „ provided with means of ventilation	...	7	
„ „ provided with drains	...	3	
„ properly paved	...	5	
Dairies constructed	...	1	
Wells cleansed	...	2	
Accumulations removed	...	6	
Total			49

SLAUGHTERHOUSES.

There is no change in the number of persons on the register—28—and 237 inspections of these places have been made, when they were generally found to be kept in a desirable manner.

In consequence of various persons slaughtering for sale upon unlicensed premises, it was found necessary to warn the public generally of the penalties for this offence.

A considerable amount of meat (approximately 1900 lb.) has been surrendered and destroyed as unfit for food during the year, mainly tuberculous.

Contraventions of Bye-laws remedied :—

Dirty interiors	...	...	5
Defective floors	...	...	1
Defective walls	...	...	1
Accumulations of refuse, etc., removed	...	4	
Dog kept in slaughterhouse	...	1	
Total			12

FACTORY AND WORKSHOPS ACTS.

The number of inspections of workshops and workplaces for the year is 281, of which the majority were bakehouses. The number of workshops, etc., on the Register, is 164 (being an increase of 19), classified as follows :—

Bakehouses	...	...	...	...	...	45
Blacksmiths and wheelwrights	...	...	...	...	...	26
Carpenters and joiners	...	...	...	...	...	27
Saddlers	...	...	...	...	...	11
Shoemakers	...	...	...	...	...	15
Tailors	...	...	...	...	...	11
Miscellaneous	...	...	...	...	...	29
Total						164

The following insanitary conditions were remedied :—

Dirty interiors	...	...	...	...	...	4
Want of means of ventilation	...	...	...	...	...	1
Defective sanitary conveniences	...	...	...	...	...	5
Other nuisances	...	...	...	...	...	4

INFECTIOUS DISEASE.

One hundred and fifty-nine visits and inspections were made where cases of infectious disease had occurred. There has been a large increase in the number of visits, and in the work of disinfection during the year, consequent upon the increased number of cases notified ; 61 houses being disinfected as against 30 in 1910, and in addition, 9 schools, etc., have been fumigated and cleansed.

PETROLEUM ACTS.

As your Inspector under these Acts, I have made 35 inspections of premises upon which petroleum, or carbide of calcium, is stored in bulk, and 4 persons were found to be contravening the Acts.

The number of persons licensed is 13, as against 9 in 1910.

I am, Gentlemen,

Your obedient Servant,

WILLIAM J. BUDDS.

31ST JANUARY, 1912.

